



# ALLEN COUNTY PUBLIC HEALTH

Allen County Combined Health District  
219 E. Market Street, P.O. Box 1503, Lima, Ohio 45802-1503 | Phone: 419-228-4457 | Fax: 419-224-4161

## "SEPTAGE HAULER" APPLICATION FOR REGISTRATION

### PLEASE PRINT LEGIBLY

I, \_\_\_\_\_ Cell Phone: \_\_\_\_\_

D.B.A. \_\_\_\_\_ Business Phone: \_\_\_\_\_  
(COMPANY NAME)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL \_\_\_\_\_

Hereby apply to be registered as a "Septage Hauler", in the Allen County Combined Health District for the year of 2024.

I agree to abide with all laws, rules, regulations, and to maintain and operate suitable equipment to remove and transport the contents from sewage tanks and/or privy vaults in a sanitary manner and dispose of the collected wastes (septage) at an Ohio EPA approved facility:

DATE: \_\_\_\_\_ APPLICANTS SIGNATURE \_\_\_\_\_

All of the following items are needed to be registered in the State of Ohio and Allen County.

### **Please do not submit application without all of the following ITEMS REQUIRED:**

1. \_\_\_\_ The registration fee of \$150 (this includes 1 truck; **additional trucks are \$25 each**), made payable to Allen County Public Health.  
*Payment can be paid online thru our website. Please choose "Sewage Licenses"*
2. \_\_\_\_ Proof of compliance with testing requirements
3. \_\_\_\_ Proof of compliance with any system specific training, if required
4. \_\_\_\_ Proof of General Liability Insurance of not less than \$500,000.
5. \_\_\_\_ Proof of the completion of at least 6 C.E.U.'S within the previous year
6. \_\_\_\_ Proof of Surety Bond; refer to bonding chart on the reverse side of this application
7. \_\_\_\_ Completed Contact Sheet (included) and Vehicle Description Information sheet (see back)

*\* In previous years registration cards were mailed once the applications were approved, to help cut down on unnecessary paperwork please let us know if you need registration cards.*

## **ALL REQUIREMENTS DUE BY DECEMBER 29, 2023**

If you have any questions pertaining to registration requirements, laws, rules, regulations, specifications, the design and location of individual sewage treatment system, please contact our office or visit our web page at [www.allencountypublichealth.org](http://www.allencountypublichealth.org).

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Office Use Only

DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_ CC \_\_\_\_ RECEIPT # \_\_\_\_\_

DATE REGISTRATION ISSUED \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_





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**VEHICLE DISCRPTION AND INFORMATION:**

**Make or Model #1** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #2** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #3** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #4** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

Please list where you dump: \_\_\_\_\_

Number of Systems (annually)	Installer		Service Provider		Septage Hauler	
	HSTS	SFOSTS	HSTS	SFOSTS	HSTS	SFOSTS
One System	Equal to System Cost	\$25,000.00	N/A	\$25,000*	\$25,000.00	\$25,000.00
More than one system	\$40,000.00		\$25,000*		\$25,000	

\* STS service provider bond requirement reduced to \$15,000 for service providers with dual registration as STS installer and STS service provider.

